

APPLICATION DATA SHEET

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: COMPOSITIONS AND METHODS FOR
RESTORING IMMUNE REPERTOIRE IN
PATIENTS WITH IMMUNOLOGICAL DEFECTS
RELATED TO AUTOIMMUNITY AND ORGAN
OR HEMATOPOIETIC STEM CELL
TRANSPLANTATION

Attorney Docket Number:: 980034.422

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No.:

Secrecy Order in Parent Appl.?: No

First Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ronald

Middle Name::

Family Name:: Berenson

Name Suffix::

City of Residence:: Mercer Island

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: P.O. Box 1597

City of mailing address:: Mercer Island

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98040

Second Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mark

Middle Name::

Family Name:: Bonyhadi

Name Suffix::

City of Residence:: Issaquah

State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 27187 Southeast 27th Street
City of mailing address:: Issaquah
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98029

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dale
Middle Name::
Family Name:: Kalamasz
Name Suffix::
City of Residence:: Redmond
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 12045 184th Avenue Northeast
City of mailing address:: Redmond
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98052

Correspondence InformationCorrespondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/442,001	01/22/03
This Application	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/431,212	12/04/02
This Application	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/393,042	06/28/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	XCYTE Therapies, Inc.
Street of mailing address::	1124 Columbia Street Suite 130
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98104

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